

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. 100-21900 (P05591)	
	First Inventor Peter J. Hopper et al.	
	Title Power Transistor Structure With Non-Uniform Metal Widths	
	Express Mail Label No. EV342470357US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents ADDRESS TO: P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification Total Pages 15 (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 10 5. Oath or Declaration Total Sheets 2 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
 (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
 (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
 (if foreign priority is claimed)
16. ☒ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i).
 Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
 Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		33402		or <input type="checkbox"/> Correspondence address below	
Name	Mark C. Pickering				
Address	P.O. Box 300				
City	Petaluma	State	CA	Zip Code	94953-0300
Country	USA	Telephone	(707) 762-5500	Fax	(707) 762-5504
Name(Print/Type)	Mark C. Pickering	Registration No. (Attorney/Agent)	36,239		
Signature				Date	6-27-03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 10px;"> 16152 U.S. PTO 06/27/03 </div> <div> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 5px 0;">For FY 2003</h3> <p style="font-size: x-small; margin: 0;">Patent Fees are subject to annual revision.</p> <p style="margin: 5px 0;">Express Mail No. EV342470357US</p> </div> </div>		<p style="text-align: center; font-size: small;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td>NEW</td></tr> <tr><td>Filing Date</td><td>HEREWITH</td></tr> <tr><td>First Named Inventor</td><td>Peter J. Hopper et al.</td></tr> <tr><td>Examiner Name</td><td>Unknown</td></tr> <tr><td>Group Art Unit</td><td>Unknown</td></tr> <tr><td>Attorney Document No.</td><td>100-21900 (P05591)</td></tr> </table>		Application Number	NEW	Filing Date	HEREWITH	First Named Inventor	Peter J. Hopper et al.	Examiner Name	Unknown	Group Art Unit	Unknown	Attorney Document No.	100-21900 (P05591)
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<p style="text-align: center; font-size: small;">METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees or credit any overpayment under 37 CFR 1.16 and 1.17 which may be required by this paper to Deposit Account No. 502305 LAW OFFICES OF MARK C. PICKERING</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center; font-size: small;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; font-size: x-small;"> <tr> <th colspan="2">LARGE ENTITY</th> <th colspan="2">SMALL ENTITY</th> <th></th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility</td><td>750</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>260</td><td>Design</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>255</td><td>Plant</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>750</td> </tr> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table style="width: 100%; font-size: x-small;"> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>Total Claims 20 - 20 **</td> <td>= 0</td> <td>x 18</td> <td>= \$ 0</td> </tr> <tr> <td>Independent 2 - 3</td> <td>= 0</td> <td>x 84</td> <td>= \$ 0</td> </tr> <tr> <td>Multiple Dep.</td> <td></td> <td>*</td> <td>= \$ 0</td> </tr> </table> <p style="font-size: x-small;">** or number previously paid, if greater; for Reissues, see below:</p> <table style="width: 100%; font-size: x-small;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claim in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue ind. claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </table> <p style="text-align: right; font-weight: bold;">SUBTOTAL (2) \$0</p>	LARGE ENTITY		SMALL ENTITY				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	750	2001	375	Utility	750	1002	330	2002	260	Design		1003	520	2003	255	Plant		1004	750	2004	375	Reissue		1005	160	2005	80	Provisional		SUBTOTAL (1)					750		Extra Claims	Fee from below	Fee Paid	Total Claims 20 - 20 **	= 0	x 18	= \$ 0	Independent 2 - 3	= 0	x 84	= \$ 0	Multiple Dep.		*	= \$ 0	Large Entity		Small Entity			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	1202	18	2202	9	Claim in excess of 20	1201	84	2201	42	Independent claims in excess of 3	1203	280	2203	140	Multiple dependent claim, if not paid	1204	84	2204	42	** Reissue ind. claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	<p style="text-align: center; font-size: small;">FEE CALCULATION (continued)</p> <p>3. 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SUBMITTED BY	
Law Offices of Mark C. Pickering P.O. Box 300 Petaluma, CA 94953-0300 Telephone: (707) 762-5583 Facsimile: (707) 762-5504 Customer No. 33402	Date: <u>6-27-03</u> By: <u>Mark C. Pickering</u> Mark C. Pickering, Reg. No. 36,239

Express Mail Number EV342470357US

PTO/SB/35 (11-00)

Approved for use through 10/31/2002. OMB 0651-0031

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REQUEST AND CERTIFICATION UNDER 35 U.S.C. 122(b)(2)(B)(i)	First Named Inventor	Peter J. Hopper et al.
	Title	Power Transistor Structure With Non-Uniform Metal Widths
	Atty Docket Number	100-21900 (P05591)

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

6-27-03
Date


Signature

Mark C. Pickering
Reg. No. 36,239

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.